



Varicella Sentinel Surveillance System – Enrollment

State Form 51848 (7-04)

Indiana State Department of Health – Epidemiology Resource Center

Type of Enrollee: Physician's Office ☐ School ☐ Day Care ☐

Name of Enrollee (practice, school, day care): _____

Street Address of Practice, School, Day Care: _____

City: _____ State: IN ZIP Code: _____

Telephone Number of Practice, School, Day Care: (include Area Code) _____

Fax Number of Practice, School, Day Care: (include Area Code) _____

E-mail Address: _____

Name of Primary Person Responsible for Reporting: _____

Telephone Number of Primary Person (if different from general number listed above):

(include Area Code) _____

Upon receipt of the enrollment form, the Indiana State Department of Health (ISDH) will send confirmation of enrollment along with the monthly reporting form, ISDH Varicella Disease Surveillance Monthly Report.

The Varicella Sentinel Surveillance System is a voluntary reporting system for private practice physicians, schools, and day-care centers. Each month, participants should submit a report of all chickenpox cases, including those not directly observed but reported by the patient or parent/guardian. The report should be submitted using the ISDH Varicella Disease Surveillance Monthly Report.

Please return the completed enrollment form to:

Wayne Staggs, Epidemiologist
Epidemiology Resource Center
Indiana State Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204
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317.234.2812 (fax)
E-mail: wstaggs@isdh.state.in.us